

**LOUISIANA DEPARTMENT OF INSURANCE**  
**Application for Resident or Non-Resident**  
**Managing General Agent**

☐ **Managing General Agent Registration**

Fee = \$300.00

(an additional \$300.00 per appointment is required)

☐ **Renewal of Managing General Agent**

Fee = \$300.00

(an additional \$300.00 per appointment is required)

**General Information**

|                                  |              |                                    |                     |                           |            |
|----------------------------------|--------------|------------------------------------|---------------------|---------------------------|------------|
| ① Name                           |              | ② Social Security # or FEIN #<br>- |                     | ③ LA license #            |            |
| ④ DBA/Trade Name (if applicable) |              |                                    | ⑤ State of Domicile |                           |            |
| ⑥ Resident/Domicile Address      |              | ⑦ City                             |                     | ⑧ State                   | ⑨ Zip Code |
| ⑩ Physical Business Address      |              | ⑪ City                             |                     | ⑫ State                   | ⑬ Zip Code |
| ⑭ Phone Number                   | ⑮ Fax Number | ⑯ Business Web Site Address        |                     | ⑰ Business E-Mail Address |            |
| ⑱ Mailing Address                |              | ⑲ P.O. Box                         | ⑳ City              |                           | ㉑ State    |
|                                  |              |                                    |                     |                           | ㉒ Zip Code |

**Affiliated Companies**

㉓ List in the table below the name of all insurance companies with which you are currently contracted or will be contracted with as a Managing General Agent. Attach a completed "Managing General Agent Company Appointment or Cancellation" Form 1205 for each insurance company listed below. Include the fees as instructed. Attach additional sheets as needed.

|                                |                  |
|--------------------------------|------------------|
| Name of Insurance Company_____ | NAIC Number_____ |
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**Additional Requirements**

- ㉔
- You must be a licensed Louisiana Property and Casualty Producer.
  - You must underwrite an amount of gross written premium equal to or more than five percent of the policy holder surplus as reported in the last annual statement of the insurer in any one quarter or year together with one or more of the following:
    1. adjust or pay claims in excess of \$10,000
    2. negotiate reinsurance on behalf of the insurer
  - You must be currently appointed by the insurer and manage all or part of the insurance business of the insurer, including the management of a separate division, department, or underwriting office.
  - Form 1205 must be completed by the appointing insurance company.
  - The initial fee is \$300.00. An additional \$300.00 is due per appointment.
  - You must renew this license every April 1<sup>st</sup>. The fee for renewal is \$300.00.

|                 |                 |                                      |  |
|-----------------|-----------------|--------------------------------------|--|
| Fiscal Division | Agent Licensing | FOR DEPARTMENT OF INSURANCE USE ONLY |  |
|                 |                 | Classification Number                |  |
|                 |                 | Date Processed                       |  |
|                 |                 | Initials                             |  |
|                 |                 | License Number                       |  |
|                 |                 | Issue Date                           |  |

### Background Information

⑤ Please read the following very carefully and answer every question:

1. Has the business entity or any owner, partner, officer or director ever been convicted of, or is the business entity or any owner, partner, officer or director currently charged with, committing a crime, whether or not adjudication was withheld? Yes \_\_\_ No \_\_\_  
"Crime" includes a misdemeanor, felony or a military offense. You may exclude misdemeanor traffic citations and juvenile offenses.  
"Convicted" includes, but is not limited to, having been found guilty by verdict of a judge or jury, having entered a plea of guilty or nolo contendere, or having been given probation, a suspended sentence or a fine.

If you answer yes, you must attach to this application:

- a) a written statement explaining the circumstances of each incident,
- b) a copy of the charging document, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment

2. Has the business entity or any owner, partner, officer or director ever been involved in an administrative proceeding regarding any professional or occupational license? Yes \_\_\_ No \_\_\_

"Involved" means having a license censured, suspended, revoked, canceled, terminated; or, being assessed a fine, placed on probation or surrendering a license to resolve an administrative action. "Involved" also means being named as a party to an administrative or arbitration proceeding which is related to a professional or occupational license. "Involved" also means having a license application denied or the act of withdrawing an application to avoid a denial. You may exclude terminations due solely to noncompliance with continuing education requirements or failure to pay a renewal fee.

If you answer yes, you must attach to this application:

- a) a written statement identifying the type of license and explaining the circumstances of each incident,
- b) a copy of the Notice of Hearing or other document that states the charges and allegations, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

3. Has any demand been made or judgment rendered against the business entity or any owner, partner, officer or director for overdue monies by an insurer, insured or producer, or have you ever been subject to a bankruptcy proceeding? If you answer yes, submit a statement summarizing the details of the indebtedness and arrangements for repayment. Yes \_\_\_ No \_\_\_

4. Has the business entity or any owner, partner, officer or director ever been notified by any jurisdiction to which you are applying of any delinquent tax obligation that is not the subject of a repayment agreement? Yes \_\_\_ No \_\_\_

If you answer yes, identify the jurisdiction(s): \_\_\_\_\_

5. Is the business entity or any owner, partner, officer or director a party to, or ever been found liable in any lawsuit or arbitration proceeding involving allegations of fraud, misappropriation or conversion of funds, misrepresentation or breach of fiduciary duty? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident,
- b) a copy of the Petition, Complaint or other document that commenced the lawsuit or arbitration, and
- c) a copy of the official document which demonstrates the resolution of the charges or any final judgment.

6. Has the business entity or any owner, partner, officer or director ever had an insurance agency contract or any other business relationship with an insurance company terminated for any alleged misconduct? Yes \_\_\_ No \_\_\_

If you answer yes, you must attach to this application:

- a) a written statement summarizing the details of each incident and explaining why you feel this incident should not prevent you from receiving an insurance license, and
- b) copies of all relevant documents.

### Applicants Certification and Attestation

⑥ The undersigned owner, partner, officer or director of the business entity hereby certifies, under penalty of perjury, that:

1. All of the information submitted in this application and attachments is true and complete and I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license or registration revocation and may subject me and the business entity to civil or criminal penalties.
2. Where required by law, the business entity hereby designates the Commissioner, Director or Superintendent of Insurance, or an appropriate representative in each jurisdiction for which this application is made to be its agent for service of process regarding all insurance matters in the respective jurisdiction and agree that service upon the Commissioner or Director of that jurisdiction is of the same legal force and validity as personal service upon the business entity.
3. The business entity grants permission to the Commissioner or Director of Insurance in each jurisdiction for which this application is made to verify any information supplied with any federal, state or local government agency, current or former employer or insurance company.
4. Every owner, partner, officer or director of the business entity either a) does not have a current child-support obligation, or b) has a child-support obligation and is currently in compliance with that obligation.
5. I authorize the jurisdictions to give any information they may have concerning me to any federal, state or municipal agency, or any other organization and I release the jurisdictions and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
6. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure/registration.
7. If required, I have received a Certificate of Good Standing from the jurisdiction's Secretary of State in which I am applying.

**Must be signed by an officer, director, principal  
or partner of the business entity:**

Month Day Year

Signature

Typed or Printed Name

Social Security Number

# Managing General Agent Company Appointment or Cancellation

This Form must be completed and signed by an authorized representative of the insurer appointing or canceling a producer as a Managing General Agent. If this is an appointment, complete Parts I and II. If this is a cancellation, complete Parts I and III. This form must be mailed through the United States Postal Service. The form will not be processed if received through any other means.

## Part I INSURANCE COMPANY INFORMATION

|                    |        |                           |          |
|--------------------|--------|---------------------------|----------|
| Name of Insurer    |        | Telephone #               |          |
| Address of Insurer | City   | State                     | Zip Code |
| LA DOI Company #   | NAIC # | Employee Identification # |          |

## Part II MANAGING GENERAL AGENT INFORMATION

|   |                             |             |   |
|---|-----------------------------|-------------|---|
| Name of Producer or Producer/Agency   |                             | Telephone # |   |
| Address of Producer or Producer/Agency  | City                        | State       | Zip Code  |
| LA DOI License #  | Social Security # or FEIN # |             |   |
| Will the producer listed above manage all or part of your company, including, the management of a separate division, department, or underwriting office?<br>If yes, list the duties below. If no, you may not appoint the producer as a Managing General Agent for your company.  |                             |             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Will the producer listed above underwrite an amount of gross written premium equal to or more than five percent of policyholder surplus as reported in your company's last annual statement or in any one quarter or year; and, adjust and pay claims in excess of \$10,000, or negotiate reinsurance on behalf of your company?<br>If no, you may not appoint the producer as a Managing General Agent for your company. |                             |             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No |
| Briefly list the duties which the producer will perform on behalf of your company in the capacity as a Managing General Agent:<br><br><div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 15px;"></div>                                       |                             |             |   |

## Part III CANCELLATION OF PRODUCER AS A MANAGING GENERAL AGENT

|  |                             |             |          |
|--|-----------------------------|-------------|----------|
| Name of Producer or Producer/Agency    |                             | Telephone # |          |
| Address of Producer or Producer/Agency | City                        | State       | Zip Code |
| LA DOI Company #                       | Social Security # or FEIN # |             |          |

\_\_\_\_\_  
Signature of Authorized Insurer Representative

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Date

|                 |                 |                                      |  |
|-----------------|-----------------|--------------------------------------|--|
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|                 |                 | Date Processed                       |  |
|                 |                 | Initials                             |  |